

EPA-Region 4
Guidance for the Reporting Requirements of the NPDES
General Permit for the Eastern Portion of the Outer
Continental Shelf (OCS) of the Gulf of Mexico
(GMG460000)

When following these instructions, you may refer to the sample Discharge Monitoring Report (DMR) attached. The words and phrases in italics in the following instructions refer to specific locations or headings on the DMR. The steps are identified on the sample DMR by the number enclosed in a circle.

- 1) Name/Address**
Enter the *Permittee Name, Mailing Address and Facility Name and Location, including area block*.
- 2) Permit Number**
Enter the NPDES General Permit Coverage number for the facility; i.e. GMG460001.
- 3) Discharge Number**
Enter the facility's *Discharge Number*; this has already been inserted in the pre-printed DMR.
- 4) No Discharge**
Check the box if no discharge occurred during the monitoring period (the month).
- 5) Monitoring Period**
Enter the monitoring period (the quarter) covered by the DMR; e.g., for January-March 2005, enter 01/01/05 to 03/31/05.
- 6) Parameter**
Enter the parameter required to be sampled; this has already been inserted in the pre-printed DMR.
- 7) Recording of Sample Results-Minimum**
Enter the lowest minimum monitoring result, where applicable, for each parameter sampled during the quarter. Shaded areas contain the permit requirement.
- 8) Recording of Sample Results-Average**
Enter the highest monthly average monitoring result, where applicable, for each parameter sampled. Shaded areas contain the permit requirement.

9) Recording of Sample Results-Maximum

Enter the highest daily or monthly maximum monitoring result, where applicable, for each parameter sampled. Shaded areas contain the permit requirement.

10) Units of Measure

Enter unit of measurement; this has already been inserted in the pre-printed DMR.

11) No. of Exceedances

Enter the number of times the minimum or maximum (not average) was exceeded during the monitoring period..

12) Frequency of Analysis

Enter the actual sampling frequency. Values in shaded areas are minimum permit requirements.

13) Sample Type

Enter the sample type used during monitoring. Values in shaded areas are permit requirements.

14) Identification/Certification

Enter *Name/Title of the Principal Executive Officer*.

15) Certification

Certification statement that should be read and understood before signing the DMR.

16) Signature

Enter *Signature of the Principal Executive Officer or Authorized Agent* after reading and understanding the Certification Statement.

17) Telephone Number/Date

Enter *Telephone Number and Date of Signature of the Principal Executive Officer or Authorized Agent*.

18) Comments

Any corrections, comments, additional information or references to attached should be recorded in this section. NODI codes are included on the pre-printed form.

NODI codes are used when sampling is not performed. NODI codes should be used in place of marking ND or NR on the report.

If there was no discharge, then "NODI = C" should be recorded instead of a sampled value.
If the parameter is not required to be sampled during the monitoring period, then enter "NODI=9."

If the value of the sampled parameter is below detection, the record "NODI=B."

Monitoring results obtained for each month shall be summarized for each quarter and reported on a DMR Form (EPA 3320-1) and shall be postmarked no later than the 28th day following the completed calendar quarter; i.e., January 1-March 31, April 1-June 30, July 1-September 30, and

October 1-December 31. If a failure of any permit limitation occurs during the monitoring period, the facility will complete a monthly DMR for each month of violation and submit the laboratory results along with the DMR; the DMR shall be submitted on a monthly basis.

Results of the toxicity tests must be submitted on the quarterly DMRs. Copies of the cover sheets for the laboratory reports must be submitted with the DMRs. If a failure occurs, then the facility must submit the entire laboratory report along with the DMR.

Before Submitting DMRs Please Check:

If there is no discharge for the monitoring period, please check the “No Discharge” box in the upper right hand corner of the DMR.

If there is a discharge for the monitoring period, ALL blanks on the DMR must be filled in.

Each page of the DMR (all 12) must be completed and signed with an original signature by the Principal Executive Officer or Authorized Agent. An Authorized Agent must be designated in writing for each Permit Number for which signing, by the Principal Executive Officer (Part II.D.12 of the General Permit). Ensure that the DMR is signed and dated by the Principal Executive Officer or Authorized Agent.